



Research report

Postnatal depression in Mexican American fathers: Demographic, cultural, and familial predictors

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ABSTRACT

Background: Although maternal postpartum depression (PPD) is a well-documented phenomenon that has been the focus of a large body of literature, much less is known about the prevalence and predictors of depressive symptoms among fathers following the birth of a child. Particularly scarce is research with Mexican American men, an understudied population at high risk given limited socioeconomic resources and elevated rates of maternal PPD.

Methods: The current study used descriptive and path analyses to examine the prevalence and predictors of PPD in 92 Mexican American fathers (M age = 31.3 years).

Results: At both 15 and 21 postpartum week assessments, 9% of fathers met criteria for PPD. Path analyses suggested that unemployment status, fewer biological children, poor marital relationship quality, and lower orientation to Anglo culture predicted higher 15 week paternal PPD symptoms, which was associated with greater paternal depressive symptoms at 21 weeks. Predictive paths from symptoms of maternal to paternal PPD were not significant.

Limitations: Lack of generalizability to other ethnic groups, sampling of primarily resident fathers, and the absence of historical assessments of depression are limitations of the current study.

Conclusions: Findings support the importance of PPD screenings among Mexican American fathers and suggest certain demographic, familial, and cultural factors may render men particularly vulnerable for maladjustment during the early infancy period.

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1. Introduction

Research on parental mental health in the early postnatal period most frequently addresses women's adjustment, with the past several decades documenting high prevalence rates and wide-ranging negative consequences of maternal postpartum depression (PPD; O'Hara, 2009). Variables influencing the onset and trajectory of maternal PPD span individual and environmental domains, and risk factors often include sociodemographic characteristics and psychosocial stressors associated with becoming a parent. Although such factors potentially place men at risk during the transition to fatherhood, only recently has research begun to recognize and document the phenomenon of paternal PPD (Paulson and Bazemore, 2010). Particularly scarce within this literature are studies with low income and ethnic minority men for whom environmental and sociocultural vulnerabilities may be compounded by the birth of a child. As members of the largest and most rapidly expanding ethnic group in the United States (US Census Bureau, 2011), the mental and physical health of Hispanic families merits special attention. The current study addresses limitations in the

literature by exploring the prevalence and predictors of PPD among low-income Mexican American men.

Garnering reliable estimates of paternal PPD¹ is hampered by variability in the assessment tools, diagnostic cut-offs, and timing of measurements, as well as small, homogenous samples. In a review of the literature, Goodman (2004) noted wide-ranging prevalence rates from as low as 1.2% to as high as 25.5% among community-based samples. A meta-analysis reported approximately 10% of new fathers will experience depression in the first postnatal year, with the incidence greatest between the initial three and six months of fatherhood (Paulson and Bazemore, 2010) and considerably higher than the prevalence rate of 4.8% observed in the general population of men (Kessler et al., 2003). Notably, existing paternal PPD prevalence rates are predominantly based upon middle to upper class, majority culture samples of fathers. Non-Caucasian and lower SES men have been the focus of limited research, typically only described in research conducted in

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¹ The clinical criteria that define PPD do not differ from major depression. PPD is distinguished from major depression by onset during the period following the birth of a child. Although the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-V; American Psychiatric Association, 2013) restricts PPD diagnoses to within four weeks of the child's birth, most studies regard depression occurring during the first year following delivery as PPD (Musser et al., in press; O'Hara, 2009).

countries such as Spain or Brazil, where non-Caucasian men do not hold minority status in the population (e.g., [Escribá-Agüir and Artazcoz, 2009](#); [Pinheiro et al., 2006](#)).

Special attention to paternal postnatal mental health as a significant public health concern is warranted. The economic impact of depression is staggering, with an estimated burden of \$83.1 billion to the United States from direct (e.g., treatment) and indirect (e.g., declines in work productivity) costs ([Greenberg et al., 2003](#)). The negative consequences of depression extend beyond the individual to impact the family system and quality of paternal parenting behaviors ([Wilson and Durbin, 2010](#)), particularly when children are young ([Kessler and Bromet, 2013](#)). Depressed fathers demonstrate lower levels of interaction with their infants ([Bronte-Tinkew et al., 2007](#)), engage in fewer enrichment activities (e.g., reading, singing, talking; [Davis et al., 2011](#); [Paulson et al., 2006](#)), and demonstrate more intrusive parenting behaviors ([McElwain and Volling, 1999](#)). Early postnatal paternal depressive symptoms may persist beyond the infancy period ([Zelkowitz and Milet, 2001](#)), carrying an increased risk of poor child outcomes associated with chronic parental depression ([Dougherty et al., 2013](#)).

Like its maternal counterpart, the development of PPD among new fathers may be strongly influenced by personal and psychosocial risk factors. The birth of a child is a significant life event; while it may bring marked happiness into the lives of new parents, it is also associated with unpredictability, changes in daily structure, new responsibilities and increased economic demands. The difficulties associated with parenting an infant may be exacerbated among first-time fathers who have limited experience in newborn care or readiness for postnatal shifts in the family system. Prior research has observed higher rates of PPD among fathers who reported limited knowledge about the postnatal period ([Wee et al., 2011](#)) and low levels of parental self-efficacy ([Giallo et al., 2013](#)). Although updated conceptualizations of the paternal role have moved from defining fathers solely as “family breadwinners,” the provision of economic resources continues to be an important component of fathering ([Coley and Schindler, 2008](#); [Waller, 2010](#)). The expectation that fathers will support the family financially may create significant pressure among men, particularly those experiencing economic hardship. Illustratively, low socioeconomic status and lack of employment contribute to higher levels of depression among fathers of infants ([Bronte-Tinkew et al., 2007](#)) and young children ([Lee et al., 2012](#)).

The paternal role has been conceptualized as being strongly bonded to the spousal role and men may struggle to establish boundaries that separate their functioning as husbands and fathers within the family environment ([Cummings et al., 2010](#)). While societal expectations and infant needs clearly specify the role and responsibilities of new mothers, fathering behavior may be regarded as less defined and more discretionary ([Parke, 2002](#)). The fluidity of the paternal role may lead fathers to rely heavily upon their partner for support and guidance during the transition to parenthood such that marital conflict and relationship dissatisfaction exert strong negative influence on paternal postnatal well-being. Though not specific to the infancy period, the *fathering vulnerability hypothesis* outlines how marital conflict may detrimentally impact paternal parenting behaviors and the father–child relationship ([Cummings and Watson O'Reilly, 1997](#)). Postnatal paternal mental health may be similarly compromised by marital conflict, however research has primarily focused on the relation of marital relationship quality to maternal depression during childhood and adolescence ([Cummings et al., 2010](#)). The influence of the spousal relationship on fathers' postpartum depressive symptoms has been relatively unexplored, however preliminary evidence identifies low relationship satisfaction as a correlate of paternal PPD ([Wee et al., 2011](#)) and an important mechanism relating maternal and paternal PPD ([Don and Mickelson, 2012](#)). Importantly, research of these relations in Mexican American families remains limited (see [Cabrera et al., 2009](#)).

In addition to the quality of the romantic relationship, the mental health of a father's spouse/partner may bear significantly on paternal postnatal depression. Extant research however, produces an ambiguous picture of the relation between paternal and maternal PPD. Positive correlations between parents' depression following the birth of a child are commonly found and have led to wide acceptance that an association exists; however the lack of longitudinal studies leave questions of causality unanswered ([Goodman, 2004](#)). It has been suggested that the onset of paternal PPD follows maternal PPD as distress in fathers is hypothesized to be sensitive to the quality of maternal adjustment ([Matthey et al., 2000](#)). Levels of paternal PPD are higher among men with partners who suffer from depression during the postnatal period ([Bielsawska-Batorowicz and Kossakowska-Petrycka, 2000](#); [Matthey et al., 2000](#)) and prior research has identified spousal depression as one of the strongest correlates of paternal PPD ([Deater-Deckard et al., 1998](#); [Goodman, 2004](#)). However, [Dudley et al. \(2001\)](#) found maternal PPD offered little value to the prediction of paternal PPD, above and beyond other demographic and psychosocial variables. Among studies of spousal depression outside of the postnatal period, increases in men's depressive symptoms predict increases in women's depression over time, however the reciprocal relation was not significant; women's depressive symptoms did not predict their partner's depression ([Carro et al., 1993](#); [Kouros and Cummings, 2010](#)).

The current study focuses on Mexican American fathers during the postnatal period, an emphasis that is noteworthy for several reasons. There is a “distinct Latino cultural ethic surrounding masculinity and fatherhood” that promotes a prominent paternal role for Mexican American men within the family environment ([Mirandé, 1997](#), p. 115). Mexican American men residing in the United States may encounter divergent expectations for fathering as prescribed by majority culture and traditional Mexican American values. For example, prevailing societal norms in the United States promote an egalitarian approach to the division of parenting responsibilities, while traditional Mexican American values are typically associated with more gendered parenting roles ([Pinto and Coltrane, 2009](#)). However, changes are occurring even within the realm of traditional Mexican American parenting values, as processes of migration and shifting patterns of women's employment redefine the paternal role in Mexican American families ([Tamis-Lemonda et al., 2009](#)). In fact, evolving contemporary Mexican American cultural values may promote qualities of paternal nurturance, warmth, and involvement in typically “feminine” parenting tasks among fathers ([Saracho and Spodek, 2007](#)).

In the United States, many Hispanic individuals demonstrate better than expected health outcomes despite the disadvantages conferred by lower levels of income and education ([Franzini et al., 2001](#)). One theory for this “Hispanic paradox” proposes that adherence to traditional cultural values of strong social and family support exerts a protective effect on health and well-being ([Palloni and Morenoff, 2001](#)). This epidemiological advantage might suggest better postnatal mental health among less acculturated Mexican American fathers because they may be more likely to adhere to these traditional cultural values, however research has been inconclusive. While some studies have observed a positive association between acculturation and the prevalence of psychiatric disorders ([Mendelson et al., 2008](#)), other research has found no relation in Latino men and women ([Le Sage and Townsend, 2009](#)). Within a sample of Mexican American men, [Fragoso and Kashubeck \(2000\)](#) reported that endorsement of traditional *machismo* values was related to higher levels of depressive symptoms. In contrast, English language proficiency (a proxy for higher acculturation) has also been positively associated with paternal depressive symptoms ([Cabrera et al., 2009](#)). A potential explanation for these inconsistencies is a failure of most studies to measure and account for the dual processes of *acculturation* (orientation toward mainstream culture) and *enculturation* (orientation

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